



Marketplace

8433 Quivira Road
Lenexa, KS 66215

C F 1 8 8 2 0 7 8 3

SPECIMEN ID NO.

CLIENT NO. YMS.DOT1.D3119062

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

ACCESSION NO.

A. Employer Name, Address, I.D. No. KOVACEVIC RADOSLAV / RIKI TRANSPORTATION INC 8225 LECLAIRE AVE BURBANK, IL 60459 Phone#: (973)563-3159 / Fax#: (630)485-6980		Site Location	B. MRO Name, Address, Phone No. and Fax No. PAWEL KWIECINSKI, MD (MRO4478) MED-STOP INC 9950 LAWRENCE AVE SUITE 403 SCHILLER PARK, IL 60176 Phone#: (877)633-3633 / Fax#: (847)647-6608 MRO@MED-STOP.COM	
C. Donor SSN, Employee I.D. No., or CDL State and No. FLZ166000894200				
D. Specify Testing Authority: <input type="checkbox"/> HHS <input type="checkbox"/> NRC Specify DOT Agency: <input checked="" type="checkbox"/> FMCSA <input type="checkbox"/> FAA <input type="checkbox"/> FRA <input type="checkbox"/> FTA <input type="checkbox"/> PHMSA <input type="checkbox"/> USCG				
E. Reason for Test: <input checked="" type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post Accident <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Other (specify)				
F. Drug Tests to be Performed: <input checked="" type="checkbox"/> THC, COC, PCP, OPI, AMP <input type="checkbox"/> THC & COC Only <input type="checkbox"/> Other (specify)				
W215				
G. Collection Site Address: University Occupational Medicine 4511 N Himes Ave Ste 105 The Tampa, FL 33614-7074		Collection Site Code: 7GS.4909	Collector Contact Info: Phone (866)961-1744 Fax Not Provided Other agarcia@universityorthocare.co	

OMB No. 0930-0158

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate).☒ **URINE**☐ **ORAL FLUID**

COLLECTION: <input checked="" type="checkbox"/> Split <input type="checkbox"/> Single <input type="checkbox"/> None Provided, Enter Remark.			
URINE: Collector reads urine temperature within 4 minutes. Temperature between 90° and 100°F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark <input type="checkbox"/> Observed, Enter Remark			
ORAL FLUID: Split Type: <input type="checkbox"/> Serial <input type="checkbox"/> Concurrent <input type="checkbox"/> Subdivided		Each Device Within Expiration Date? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Volume Indicator(s) Observed	
REMARKS:			

STEP 3: Collector affixes seal(s) to bottle(s)/tube(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)**STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY**

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable federal requirements.

X Signature of Collector Denisha Doney (PRINT) Collector's Name (First, MI, Last)	12/13/2024 Date (Mo/Day/Yr)	10:09 EST PM Time of Collection	SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO: <input type="checkbox"/> UPS <input checked="" type="checkbox"/> FedEx <input type="checkbox"/> Other Name of Delivery Service
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STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle/tube used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle/tube is correct.

X Signature of Donor ANGEL ZUBERO ORTA (PRINT) Donor's Name (First, MI, Last)	12/13/2024 Date (Mo/Day/Yr)
Email address: obbatala2433@gmail.com	Daytime Phone No. 7024209895 Evening Phone No. 7083035150 Date of Birth 11/20/1989 (Mo/Day/Yr)

After the Medical Review Officer receives the test results for the specimen identified by this form, he/she may contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). - DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN☒ **URINE**☐ **ORAL FLUID**

In accordance with applicable federal requirements, my verification is: <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE for: <input type="checkbox"/> DILUTE		
<input type="checkbox"/> REFUSAL TO TEST because - check reason(s) below: <input type="checkbox"/> TEST CANCELLED <input type="checkbox"/> ADULTERATED (adulterant/reason): <input type="checkbox"/> SUBSTITUTED <input type="checkbox"/> OTHER:		
REMARKS:		
X Signature of Medical Review Officer	(PRINT) Medical Review Officer's Name (First, MI, Last)	Date (Mo/Day/Yr)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

In accordance with applicable federal requirements, my verification for the split specimen (if tested) is:

<input type="checkbox"/> RECONFIRMED for: <input type="checkbox"/> TEST CANCELLED <input type="checkbox"/> FAILED TO RECONFIRM for:
REMARKS:
X Signature of Medical Review Officer
(PRINT) Medical Review Officer's Name (First, MI, Last)
Date (Mo/Day/Yr)

COPY 2 - MEDICAL REVIEW OFFICER COPY



MED-STOP MRO SERVICES
9950 LAWRENCE AVE STE 403
SCHILLER PARK IL 60176
PHONE: (877) 633-3633
FAX: (847) 647-6608
EMAIL: mro@med-stop.com

MRO RESULT

TO:

RIKI TRANSPORTATION INC
8225 LECLAIRE AVE
BURBANK IL 60459
PHONE: (973) 563-3159
FAX: (630) 485-6980

ATTENTION TO:

RADOSLAV KOVACEVIC

SUBJECT:

URINE DRUG TESTING RESULTS

DOCUMENT CREATED AT:

01/10/2025 09:47 AM CST UTC-6

PAGES:

2

**THIS SECURE FAX NUMBER HAS BEEN PROVIDED TO MED-STOP MRO SERVICES BY EMPLOYERS
REPRESENTATIVE IDENTIFIED AS SAFETY OFFICER**

PLEASE FORWARD TO THE SAFETY OFFICER

CONFIDENTIAL

RESULTS OF SAMSHA (NIDA) CONTROLLED TEST

PURPOSE OF TEST:	SPECIMEN ID:	MED-STOP MRO SERVICES
PRE-EMPLOYMENT	CF18820783	9950 LAWRENCE AVE STE 403
COLLECTION DATE / TIME:	TESTING AUTHORITY:	SCHILLER PARK IL 60176
12/13/2024 10:09 AM	DOT FMCSA	PHONE: (877) 633-3633
EST UTC-5		FAX: (847) 647-6608
TEST RESULT:		EMAIL: mro@med-stop.com

NEGATIVE

TEST LAB PANEL:

W215

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT:
ZUBERO ORTA, ANGEL**DONOR ID:**
FLZ166000894200**NAME OF COMPANY / LOCATION:**
RIKI TRANSPORTATION INC
8225 LECLAIRE AVE
BURBANK IL 60459**LOCATION / COLLECTION SITE:**
UNIVERSITY OCCUPATIONAL MEDIC
4511 N HIMES AVE STE 105
TAMPA FL 33614-7074
PHONE: (866) 961-1744**LABORATORY PERFORMING TEST:**
CLINICAL REFERENCE LABORATORY
8433 QUIVIRA
LENEXA KS 66215
PHONE: (800) 452-5677**MEDICAL REVIEW OFFICER:**
KWIECINSKI PAWEL K**SIGNATURE:****LAB RESULT RECEIVED AT:**
12/14/2024 03:15 PM CST UTC-6**MRO COPY BECAME AVAILABLE AT:**
12/13/2024 09:15 AM CST UTC-6**DATE / TIME THE RESULT BECAME AVAILABLE:**
12/14/2024 03:18 PM CST UTC-6

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE



RESULTS OF SAMSHA (NIDA) CONTROLLED TEST


PURPOSE OF TEST: PRE-EMPLOYMENT	SPECIMEN ID: CF18820783	MED-STOP MRO SERVICES 9950 LAWRENCE AVE STE 403 SCHILLER PARK IL 60176 PHONE: (877) 633-3633 FAX: (847) 647-6608 mro@med-stop.com
COLLECTION DATE / TIME: 12/13/2024 10:09 AM EST UTC-5	TESTING AUTHORITY: DOT FMCSA	
TEST RESULT: NEGATIVE		

MRO REMARKS:	TEST LAB PANEL: W215
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THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT: ZUBERO ORTA, ANGEL	NAME OF COMPANY / LOCATION: RIKI TRANSPORTATION INC
DONOR ID: FLZ166000894200	8225 LECLAIRE AVE BURBANK IL 60459

LOCATION / COLLECTION SITE: UNIVERSITY OCCUPATIONAL MEDIC 4511 N HIMES AVE STE 105 TAMPA FL 33614-7074 PHONE: (866) 961-1744	LABORATORY PERFORMING TEST: CLINICAL REFERENCE LABORATORY 8433 QUIVIRA LENEXA KS 66215 PHONE: (800) 452-5677
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MEDICAL REVIEW OFFICER: KWIECINSKI PAWEL K	LAB RESULT RECEIVED AT: 12/14/2024 03:15 PM CST UTC-6
SIGNATURE: 	MRO COPY BECAME AVAILABLE AT: 12/13/2024 09:15 AM CST UTC-6
	DATE / TIME THE RESULT BECAME AVAILABLE: 12/14/2024 03:18 PM CST UTC-6

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE	
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PANEL INFORMATION WITH SCREENING AND CONFIRMATION CUT-OFF LEVELS

PURPOSE OF TEST:

PRE-EMPLOYMENT

COLLECTION DATE / TIME:

**12/13/2024 10:09 AM
EST UTC-5**

EMPLOYEE / APPLICANT:

ZUBERO ORTA ANGEL

SPECIMEN ID:

CF18820783

TESTING AUTHORITY:

DOT FMCSA**MED-STOP MRO SERVICES****9950 LAWRENCE AVE STE 403****SCHILLER PARK IL 60176****PHONE: (877) 633-3633****FAX: (847) 647-6608****mro@med-stop.com**

DRUG CLASS

INITIAL SCREENING CUT-OFF LIMIT

CONFIRMATION CUT-OFF LIMIT

6-AM (10/10)	10 ng/mL	10 ng/mL
AMP/MAMP (500/250)	500 ng/mL	250 ng/mL
COCAINE METABOLITE (150/100)	150 ng/mL	100 ng/mL
MARIJUANA METABOLITES (50/15)	50 ng/mL	15 ng/mL
COD/MOR (2000/2000)	2000 ng/mL	2000 ng/mL
OXYC/OXYM (100/100)	100 ng/mL	100 ng/mL
PHENCYCLIDINE (25/25)	25 ng/mL	25 ng/mL
MDMA/MDA (500/250)	500 ng/mL	250 ng/mL
HYC/HYM (300/100)	300 ng/mL	100 ng/mL

MEDICAL REVIEW OFFICER:

KWIECINSKI PAWEL K

DATE / TIME THE RESULT BECAME AVAILABLE:

12/14/2024 03:18 PM CST UTC-6

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE



DRUG & ALCOHOL
CLEARINGHOUSE

Query Detail

Query Overview

Employer Conducting Query: RIKI TRANSPORTATION INC (USDOT# 3119062)

Query Result: Driver Not Prohibited

Query Status: Completed (12/12/2024 13:10:58)

Conducted By: RADOSLAV KOVACEVIC | **Query Type:** Pre-employment | **Query Submitted:** Manually

Driver Information

Name: ANGEL ZUBERO ORTA

Date of Birth: 11/20/1989

CDL/CLP ⓘ : US-FL-Z166000894200

Consent Information

Requested: 12/12/2024 13:02:46

Recorded: 12/12/2024 13:10:58

Status: Provided

Query History

Created: 12/12/2024 13:02:46

Completed: 12/12/2024 13:10:58

Query Result: Driver Not Prohibited

Open Violations

No Open Violations

LEARN MORE

■ [The Return-to-Duty Process](#)

U.S. DEPARTMENT OF TRANSPORTATION
Federal Motor Carrier Safety Administration
1200 NEW JERSEY AVENUE, SE
WASHINGTON, DC 20590
202-366-4000

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Queries	Violations	RTD	Profile
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